REQUEST FOR

CONTINUED EXAMINATION (RCE)
TRANSMITTAL

Address to: Commissioner for Patents Mail Stop RCE P. O. Box 1450 Alexandrio, Va 22313-1450 Application Number Filing Date

Filing Date
Pirst Named Inventor
Art Unit

Examiner Name
Attorney Docket No.

089/815,313 22 March 2001 T. A. Aber 3627

J. A. Kramer END920000175US1

This is a Request for Continued Examination (RCB) under 37 CFR 1.114 of the above-identified application. submission REQUIRED UNDER 37 CFR \$1.114
a. Previously submitted Consider the amendment(s)/reply under 37 CFR \$1.116 previously i. 🔳 filed on 30 Jan 2006. (Any unentered amendment(s) referred to above will be entered.) Consider the arguments in the Appeal Brief or Reply Brief 11. Q previously filed on ******. iii. 🖸 Other b. D Enclosed 1. Amendment/Reply Information Disclosure Statement (IDS) iii. 🗅 Affidavit(s)/Declaration(s) iv. Other MISCELLANBOUS a. O Suspension of action on the above-identified application is requested under 37 CFR \$1/103(c) for a period of ** months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR §1.17(i) required). ъ. 🛛 Other FEES 3. The Director is hereby authorised to charge the following fees, or credit any overpayments, to IBM Corporation Deposit Account No. 09-0457 RCE fee required under 37 CFR \$1.17(e) 1. Extension of time fee (37 CFR §§1.136 and 1.17) ii. iii. 🔾 Other ъ. 🛭 Check in the amount of \$ enclosed c. Q Payment by credit card (Form PTO-2038 enclosed) SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

AND Date 27

SHELLEY A BECKSTRAND Registration No. 24, 27 Feb 2006 Signature 24,B86 Name

CERTIFICATE OF MAILING OR TRANSMISSION

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SHELLEY M BECKSTRAND

Date

27 Feb 2006

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Approved for size through 7/21/2005. ONE or ademan: Office, U.S. DEPARTMENT OF CO. U.S. Patent and To Under the Paperwork Reduction Act of 1995, no persons are required to residend to a co PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 OTHER THAN CLAIMS AS FILED - PART I QR SMALL ENTITY SMALL ENTITY (Column 1) NUMBER EXTRA RATE FEE RATE FOR MINUSER FO FO BASIC FEE OR Q7 CFR 1.16(M) TOTAL CLAIMS mirus 20 + œ DIDEPENDENT CLAIMS (37 CFR 1,1600) OR MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(0) **OR** TOTAL OR. TOTAL If the difference in column 1 is less than zero, enter "O" in column 2. CLAIMS AS AMENDED - PART II OTHER THAN OR SMALL ENTITY (Cohema 3) (Caturan 2) SMALL ENTITY (Caturan 1) HIGHEST CLANS ADDI-TIONAL FEE PRESENT RATE ADD+ RATE REMAINING AFTER NUMBER PREVIOUSLY EXTRA TIONAL ENDMENT PAID FOR FFE 20 OR OR: FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (DT CFR (1891)) OR. Pat TOTAL ADD'L FEE ADDI FEE (Cotumn 2) (Cotumn 3) (Calumn 1) HIGHEST CLANS ٠Ĵ NUMBER PREVIOUSLY PRESENT RATE ADDI RATE TORAL TIONAL 2 ENT AFTER PAID FOR FEE Total profit Link 30 ENDM 16 OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.1800) OR TOTAL TOTAL ADD'L FEE ADD'L FEE 27/06 (Column 1) (Cotumn 2) (Column 3) CLAIMS HIGHEST TIONAL PRESENT RATE ADDI-TIONAL REMAINING NUMBER AFTER **EXTRA** FEE FEE PAID FOR AMENDMENT TOTAL (37 CFR) HIPO Minus 6 OR Independent (37 CFR 1,140/2) X 5 OR FIRST PRESENTATION OF MARTIPLE DEPENDENT CLAIM (37 CFR 1 16HI) OR TOTAL TOTAL ADD'L FEE

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

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"If the "Highest Number Previously Paid For" (I tail or independent) is the highest number bound in the appropriate box in column 1.

This collection of Information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the LSPTO, This collection of information is required to obtain or retain a benefit by the public which is to file (and by the LSPTO, Tines will very depending upon the individual case, Any comments on the amount of time you require to complete this form and/or suggestions for reducing the lumino, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO MOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patentia, P.O. Box 1450, Alexandria, VA 22313-1458.

If you need assistance in completing the form, cell 1-800-PTO-9199 and select option 2.

ADD'L FEE

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